



California African American Museum

Young Docent Program Application Form

Name: _____

Address: _____

(Include city and postal code, please.)

Home phone number: _____

Name of parent or legal guardian: _____

Age: _____

School: _____

Grade: _____

Mail this form, along with your personal statement and
your letter of recommendation to:

California African American Museum
Attn: Young Docent Program
600 State Drive
Los Angeles, CA 90037